## Fort Carson Chapel Facility Request Form

	Reservation Information		
Requestor's Name:		Unit / Group:	
Phone:	Email:		
Event:			
Chapel Facility Requested:			
Room(s) Requested:			
Sanctuary	Fellowship Hall	Kitchen	Patio
Classroom(s)	Conference Room	Choir Room	Other
* NOTE: Some chapels	9	not have all the rooms listed, e ability to accommodate you	so please check with the chapel staff to ur needs.
Dates of Event: From:		To:	· · · · · · · · · · · · · · · · · · ·
fime of Event: From:		To:	
Special Notes:			
exits, and win 4. Each group mu computers, eas 5. Profanity will r 6. Notify the Chap religious servic 7. Priority for cha * Religi * Memo * Other * Wedd	pecific Activities	form a walk-thru inspection after ices, and all equipment needed f inks are not allowed in the sanct anges to the event. Re-scheduled	er the event.  for the event (i.e. notebooks,  tuary.  d events (with the exception of
	Reanestor's Signature		Date
Unit Cha	plain Chaplain Assistant's Signature	2	Date
	Qn,-≪hi	pel Staff Use Only	
Approved			
Rejected			
	moving Authority's Signature		Date